

EYE CENTER * SECRET SHOPPER EVALUATION

Eye center name: _____

Date/time of visit: _____

Name of eye care associate: _____

Rate the service that you received for each of the items based on the following scale:

1 = Poor to 5 = Excellent

Item/Description

Rating (circle one)

Eye Center Appearance

- | | | | | | |
|--------------------------------------------------------------------|---|---|---|---|---|
| 1. Was the outside appearance attractive – curb appeal? | 1 | 2 | 3 | 4 | 5 |
| 2. Did the outside appear to be clean? (sidewalks, windows, doors) | 1 | 2 | 3 | 4 | 5 |
| 3. Was the waiting area clean and attractive? | 1 | 2 | 3 | 4 | 5 |
| 4. Did it have an inviting atmosphere? | 1 | 2 | 3 | 4 | 5 |

Staff

- | | | | | | |
|-----------------------------------------------------------------------------|---|---|---|---|---|
| 1. During the scheduling process, was the staff courteous and professional? | 1 | 2 | 3 | 4 | 5 |
| 2. Were you promptly greeted by the associate? | 1 | 2 | 3 | 4 | 5 |
| 3. Was the greeting friendly and professional? | 1 | 2 | 3 | 4 | 5 |
| 4. During your visit, how well did we listen to your specific needs? | 1 | 2 | 3 | 4 | 5 |
| 5. How well were you educated on the vision tests and exams you received? | 1 | 2 | 3 | 4 | 5 |
| 6. How would you rate the value of the services and products you received? | 1 | 2 | 3 | 4 | 5 |
| 7. How courteous and professional was our staff during your visit? | 1 | 2 | 3 | 4 | 5 |
| 8. Would you recommend our center to your family and friends? | 1 | 2 | 3 | 4 | 5 |

Miscellaneous

- | | | | | | |
|------------------------------------------------|---|---|---|---|---|
| 1. Was the overall experience enjoyable? | 1 | 2 | 3 | 4 | 5 |
| 2. Were the hours convenient? | 1 | 2 | 3 | 4 | 5 |
| 3. Are the restroom facilities easily located? | 1 | 2 | 3 | 4 | 5 |
| 4. Are the restrooms neat and clean? | 1 | 2 | 3 | 4 | 5 |

Total Score: _____

Your name: _____

Approximate time spent in the eye center: _____